# **NWI Required Rotations**

All residents will complete the following rotations from their respective campuses

#### **Orientation:**

- 2- week rotation at start of residency
- Introduction to VA and pharmacy practice
- Review of policies (i.e. Service Commitment, Resident Leave, Resident Disciplinary Policy) and handbook
- Introduction to residency schedule, expectations and evaluation system (PharmAcademic)
- Review of longitudinal learning experiences
- REAL Colors, Strengths Deployment Inventory or other "get-to-know-you" day with RPDs and residents from Omaha/Lincoln/Grand Island
- Ambulatory Care / Clinical Teaching training day (manual BPs, DM foot exams, review of patient teaching on formulary agents)

#### Anticoagulation:

This rotation is a required, four-week ambulatory care rotation in outpatient anticoagulation therapy management. Within the scope of practice, the resident will be proactively engaged in decision-making opportunities that affect patients' pharmaceutical care plans as they pertain to anticoagulation, including management of warfarin, direct oral anticoagulants and low-molecular weight heparin. Residents will participate in and/or direct discussions, projects and reviews as directed by the preceptor. In the anticoagulation clinic, the resident will assess the patient's indication for and duration of therapy, INR and desired range (for warfarin), and other pertinent labs while evaluating if each is appropriate for the patient. Acute and chronic disease states, drugdrug interactions and drug-disease interactions will be taken into consideration when reviewing labs. The resident will assess risk versus benefit of chronic anticoagulation for each patient. The resident will also manage complicated cases under the supervision of a pharmacist including bridging therapy, supratherapeutic INRs requiring vitamin K, patients with active bleeding, patients with signs or symptoms of a CVA or thrombosis, and new start patients. The resident will also follow anticoagulation clinic patients on their service when on his/her inpatient rotations and alert the anticoagulation clinic as necessary of any changes in therapy. The Omaha VA Anticoagulation Clinic provides care to over 1,900 veterans taking DOACs and over 300 patients taking warfarin.

- New onset atrial fibrillation/VTE education and discussion of anticoag therapy
- New warfarin education, initiation, adjustment of therapy
- Empiric dose adjustments for drug-drug interactions
- Conversion to/from DOAC therapy or conversion between DOACs as indicated (renal function, age, bleed risk, etc)
- Peri-operative management of all anticoagulation therapy
- Topic discussions with APPE students; precepting APPE students
- Panel management: review of patients with active prescriptions for warfarin/DOAC, but lost to follow up
- Participation in Medication Utilization Evaluation Tracking (MUET) for patients who may be inappropriately prescribed
  DOAC therapy (i.e. hx of mechanical heart valve replacement, impaired renal function, etc)
- Proactive management of DOAC therapy using Dashboard technology to identify potential drug-drug interactions, changes in renal function, changes in hemoglobin/platelet values, non-adherence, etc

# Management:

Residents are provided an introductory experience to pharmacy practice management. Throughout this experience, the pharmacy resident will interact and work closely with members of the Pharmacy Management Team. The resident will experience daily activities of the various managers and gain perspectives in the administrative aspects of the Pharmacy Service. While some periodic meetings and activities with management occur throughout the residency year, the rotational experience will last 4 weeks. Areas of focus during the rotation include: Clinical Care Coordination, Pharmacoeconomics, Departmental Budget, Strategic Planning, Leadership development and Personnel Management. Residents are assigned activities that assist with managing the pharmacy service. This includes policy and procedure development, staff development, formulary management, facilities management, and medication occurrence reporting. The resident will attend weekly meetings with pharmacy managers from all three VA Nebraska Western-lowa Healthcare System sites and will have the opportunity to meet with NWI upper management. The resident will have learning opportunities with the Chief of Pharmacy and other pharmacy managers in their areas of expertise.

### Ambulatory Care (PACT) Clinics – Level 1:

This rotation is currently offered in of the primary care clinics at the resident's home campus. Pharmacy residents will be an integral part of the multi-disciplinary team which includes: primary care providers, nurses, case managers, social workers, dieticians, and pharmacists. The pharmacy resident will serve as a pharmacist consultant to health care providers and will participate in disease state management for diabetes, hyperlipidemia, heart failure, hypertension, and others chronic diseases. Within the scope of practice, resident will be proactively engaged in decision-making opportunities through in-person, telephone, and video connect patient visits where they will assess the patient and make therapeutic medication and lifestyle adjustments to formulate the patients' pharmaceutical care plans.

- Average about 8-14 patients per day per clinic: phone, video and face to face
  - Lipid
  - HTN
  - Pharmacy Counseling/New Patient
  - Smoking cessation
  - Diabetes
  - Thyroid
  - CHF
  - Mental health
  - Pain Clinic (multidisciplinary), as available
  - Precepting students

# **Drug Information:**

- Presentations
  - NWI presentations:
    - Clinical presentation (30 minutes)
    - Preceptor development (30 minutes)
  - Clinical Pearl/Tool handout (x2)
  - Other opportunities as they arise (i.e. local COP, Nebraska Pharmacists Association, etc)
- Medication Utilization Evaluation (usually a group project)
- Precepting students

#### **Residency Project:**

The purpose of this learning experience is to provide the resident with the opportunity to refine their time management skills while completing the necessary steps of an investigational study that follows all policies and procedures adopted by the Omaha VA. It is the intent of the preceptors to provide an experience that will extend the knowledge of pharmacotherapy by publishing the results of studies in pharmacy or medical journals.

- Inverse research model (Grand Island and Lincoln)
  - Project will already be started when residents come on campus. The resident would pick up where the other left off, then start a new one in January (for next-year's class). This allows for the residents to ensure they have results to present.
- Traditional model (Omaha)
- Poster presentation at MidYear (optional, but encouraged)
- Poster presentation at NWI Pharmacists' Retreat (Spring)
- Formal PowerPoint presentation at Midwest Residency Conference (May)
- Manuscript (December/June)

#### **Professional Growth:**

This is a required, longitudinal rotation focusing on personal and professional growth and development. While many of the skills residents may already possess, the purpose of this learning experience is to help refine skills and abilities.

- Formulary Action Team meetings monthly
- Monthly meetings with co-resident, PGY2 resident and RPD (discussion of hot topics in residency, deadlines, job prospects, etc)
- One-on-one, quarterly meetings with RPD to assess strengths, areas for improvement, short/long-term goals and any changes to the program to ensure the needs and interests of the resident are being met
- Quarterly meetings with NWI management team and other NWI residents (budget, organizational chart, hiring process, etc)

#### Mentorship

Monthly meetings with assigned mentor from NWI

• Duty hour completion, stress/burnout evaluation, wellness inventory

#### Other Online Opportunities (longitudinal)

Teaching certificate course – online (optional)

• This program will allow the resident to participate in a wide-variety of activities related to pharmacy education and those external forces that impact the educational process. The focus is to introduce pharmacy residents to many aspects involved in teaching including both didactic and clinical instruction. Residents will gain a broad understanding of pharmacy education on an institutional and national level.

# NWI Required and Elective Rotations\*

\*requirements and electives vary by each program

#### Acute Care I (Omaha VA):

The Acute Care I rotation consists of a 4-week required Internal Medicine (IM) experience during the PGY-1 residency. During the rotation, the resident will work to develop the clinical skills required to serve as the sole pharmacist for their assigned IM team, and to function at the level as any other IM clinical pharmacist would on a day to day basis. Throughout the Acute Care I rotation, the resident will work closely with a Creighton IM team as well as IM clinical pharmacists and other pharmacy staff. Each day the resident will review inpatient profiles for those veterans assigned to their IM team, formulate appropriate pharmacotherapy care plans, and offer pharmacologic recommendations to optimize drug therapy during patient care rounds. The resident will document clinical services they provide through progress notes in CPRS, present and discuss their patients with the respective floor pharmacist and serve as a medication resource for healthcare providers.

### Ambulatory Care/PACT 2 (Completed from home site):

This rotation is a continuation of the Ambulatory Care Level I rotation. The resident will work as part of a multi-disciplinary team which includes: primary care providers, nurses, case managers, social workers, and dieticians to independently manage chronic disease states which primarily includes diabetes, hypertension, heart failure. The resident will see patients in clinic and conduct scheduled telephone follow-ups to assure safe and effective therapy. The structure of the rotation is designed for the resident to completely own all duties of the clinic including patient visits, drug information questions, curbside consults with staff, clinic phone calls, reviewing and scheduling new consults, and any other as issues that may arise.

### Cardiology (Omaha VA):

General cardiology is a 4-week elective learning experience at the Omaha VA. It encompasses inpatient and outpatient care modalities to provide initial exposures to the learner. PGY-1 pharmacy residents will have opportunities to work with a multidisciplinary team to provide optimal care to cardiology patients. The learner will gain exposure to cardiac pharmacotherapy, catheterization lab services, electrophysiology consultative services, outpatient heart failure service, and transplant follow-up care.

- Cardiology team from Creighton provides services at the Omaha VA resident will rotate through the outpatient cardio clinic several half-days per week, including CHF outpatient clinic (Wednesday afternoons).
- If APPE student in clinic, resident will have opportunities for precepting
- Serve as a drug information expert to the cardiology service and patients, providing education when necessary. Accurately document patient care activities in a timely fashion.
- Review key cardiology clinical trials to further assist in the understanding and assimilation of best-practices cardiovascular care

# Hematology/Oncology (Omaha VA):

This elective 4-week learning experience provides the resident with the necessary skills and training to perform basic pharmacist functions in an oncology & non-oncology infusion clinic. The resident will work as part of a multi-disciplinary team which includes: Hem/Onc Fellows, Attendings, nurses, case managers, social workers, and dieticians to manage oncology patients. The resident will process Hem/Onc pharmacy orders, non-Hem/Onc IV orders, verifying appropriateness of therapy, with respect to diagnosis, lab status, etc. Resident will counsel patients (+/-families) on all new chemotherapy regimens. The structure of the rotation is designed for the resident to be completely responsible for all duties of the Hem/Onc Infusion clinic including order processing, patient counseling, drug

information questions, curbside consults with staff, clinic phone calls, and reviewing all Hem/Onc non-formulary requests.

### Inpatient Mental Health (Omaha VA):

During this 4-week elective learning experience, the resident will work closely with the inpatient Mental Health and Behavioral Sciences (MH&BS) service multidisciplinary team. Team members include: physicians, residents, students, nursing, peer support, psychology and social work service representatives. The resident will participate in inpatient psychiatric pharmacy activities, which include rounding with an inpatient team, providing evidence-based pharmacotherapy recommendations and assisting with monitoring pharmacotherapy of veterans served by the inpatient MH&BS service (10W). The resident will assist with Medication Review on Admissions, Non-Formulary/Restricted drug consults and provide education to veterans and team members.

- Work alongside the inpatient Mental Health and Behavioral Sciences (MH&BS) service multidisciplinary team.
- Inpatient rounds, providing evidence-based pharmacotherapy recommendations
- Conduct medication review on admission, adjudicate non-formulary/restricted drug consults and provide education to veterans and team members
- Gain understanding of many mental health disorders through interaction with the patients, team and topic discussions with preceptors (i.e. Depression, Bipolar Disorder, Schizophrenia and other psychoses, Substance Abuse Disorders, Post-Traumatic Stress Disorder, Anxiety Disorders, and Sleep Disorders)

# Pain Management (Omaha VA):

The Pain Management rotation is a 4-week elective experience within the Integrative Pain Clinic at the Nebraska Western-lowa Health Care System Omaha Campus. The purpose of this learning experience is to allow the pharmacy resident to further his/her knowledge base and refine his/her pharmacotherapeutic skills required for the provision of care to chronic pain patients. The pharmacy resident will train directly with the pain Clinical Pharmacy Specialist and will be fully integrated as an active member of the interdisciplinary pain team which includes a physician, physician assistant, pharmacist, nurses, physical therapists, social workers, and psychologists. The CPS and resident make not only pharmacologic recommendations and direct changes but contribute to the discussion of non-pharmacologic pain modalities with patients and other members of the team. In addition, the CPS/resident provides drug information and education to healthcare professionals as well as patients and caregivers.

- Work as a member of the inter-disciplinary team (physician, physician assistant, pharmacist, nurses, physical therapists, social workers, and psychologists)
- Serve as a pharmacist consultant to health care providers and will participate in pain management, opioid and benzodiazepine tapers, naloxone education, and academic detailing
- Resident will be proactively engaged in decision-making opportunities that affect patients' pharmaceutical care plans (both pharmacologic recommendations and non-pharmacologic pain modalities)

# **Virtual Electives**

# **Academic Detailing (Virtual):**

- Gain introduction to the skills/techniques of Academic Detailing, allows for a broad perspective of the entire healthcare system orchestration and how pharmacy service may be aligned to improve outcomes on various focuses or initiatives
- Review and learn evidence-based medicine, develop and/or promote educational pieces that include key messages, provide Academic Detailing outreach visits to VA staff, identify and resolve barriers, and socialize new Academic Detailing campaign

# **Home-Based Primary Care:**

- Primary care based out of the veteran's home; about 90 veterans enrolled in this program
- Weekly interdisciplinary team meetings
- Perform the quarterly chart reviews
- Anticoagulation management
- Drug information, formulary management

- In-home visits for new admissions to the program
- Topic discussions as assigned by preceptor

#### **Patient Safety:**

- Would require some travel to Lincoln VA, however most would be completed virtually
- The resident will gain experience in preparing monthly reports and medication safety assessments for the ADE Subcommittee of the Pharmacy and Therapeutics Committee. The focus will be the prevention of medication errors with both a proactive and reactive approach. Familiarity will be gained with medication safety literature, standards, FDA medication warnings and actions taken with respect to these.
- The resident will also participate in multidisciplinary workgroups as well as work with clinicians and managers on a one on one basis to improve patient safety with the use of medications. The resident will work with providers and patients as opportunity arises to prevent adverse reactions to medications.

#### **VA Center for Medication Safety Pharmacovigilance:**

• The experience will provide the resident with opportunities to understand, develop, and assess national pharmacovigilance projects. The resident will understand the definition of pharmacovigilance and how VA MedSAFE applies that definition to medication and patient safety through its different programs at a national, regional, and facility level. The resident will have the opportunity to work with: large scale integrated database projects; analytic processes to assess pertinent medication safety questions; tools to understand and apply disseminated safety information; and tools to conduct medication safety validation efforts.

# **Grand Island VA Rotations**

#### **Pharmacy Operations (required)**

- 4-week rotation toward the beginning of the residency, followed by longitudinal evaluations
- Opportunities:
  - Counsel patients after clinic visit with provider and educate patients daily on processes of the VA
  - Process electronic prescriptions—inpatient, outpatient, CBOC orders, CLC
  - Verify/Edit electronic prescriptions, prepare and dispense prescriptions (including those for traveling vets),
    medication package tracking through USPS
  - Prepare outpatient IV's for infusion clinic/CLC
  - Other dispensing functions, including: patient care notes in the EMR, supervision of technicians, maintenance of pharmacy records and inventory, answering pharmacy telephone calls, etc
  - Formulary management
  - Experience with ScriptPro, TCG Fastpak, Pyxis
  - CLC functions(GI) —tray and cart checks, ward stock, controlled substance preps, unit dose preps

### Pharmacy Staffing/Service Commitment (required)

- Begins after Pharmacy Operations rotation
- Current requirements subject to change based on the needs of the facility
  - Every other Friday, 8:00-4:30
  - Staffing assignments weekly (1-2 hours) to be completed on your own time outside of clinical or other rotation obligations

#### Sub-Acute/Long-term Care (CLC): Dr. Amy Thompson BCGP, FASCP

- CLC -1, -2 (required), CLC-2 (elective)
- Inpatient/long-term care floor (census usually in upper 30s to lower 40s; capacity of 55)
- "Subacute" care; step down from more acute care setting
- Skilled nursing care, wound care, rehab
  - Hospice/palliative care wing (10 beds)
- Long Term Care (opportunities vary depending on patient population)
  - Anticoagulation
  - Pharmacokinetics and drug monitoring
  - Infectious disease
  - Diabetes

- Smoking cessation
- Medication reconciliation
- Drug regimen reviews (monthly)
- Rounds
- Pain management (end of life, post-op, etc)
- Interdisciplinary team meetings
- Drug Information
- The second rotation is characterized by an increase in resident independence on the floor and increase in the number of patients for which the resident is responsible

#### Mental Health Clinic (required)

This experience is designed to offer exposure to outpatient mental health, not mastery. Residents will work with clinical pharmacists in mental health as well as psychiatrists, nurses, therapists, social work, and substance abuse counselors as well as other professionals in the mental health clinic. This MH clinic provides medication management of depression, anxiety, insomnia, PTSD, substance use disorder other common mental health disorders. This clinic also provides MTM services for blood pressure, diabetes, cholesterol, and tobacco cessation for patients prescribed atypical antipsychotic therapy.

- 10-15 patients in both face to face, phone and video clinics
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
  - 30-day inpatient treatment program
  - Medication reconciliation on admission
  - Education session for SARRTP veterans (monthly)

#### Operations-2 (elective)

- In depth experience in VA community care formulary management, outpatient infusion clinic, inpatient and outpatient dispensing
- Flexible elective rotation with opportunity to help build it around the needs/interests of the resident
- Training in aseptic technique, compounding and checking IVs for technicians
- Experience with Vista Chemo Manager, verifying orders, communication with Oncology team in Omaha with opportunities to participate in infusion clinic at Omaha campus (as available)
- Collaboration with infusion clinic nurses, patient education

### **Rural Ambulatory Care – North Platte (elective)**

- Expands on skills learning in required PACT-1, -2 rotations
- Work with the sole pharmacy provider in a rural satellite clinic
- Assist in regulatory compliance, inventory of meds kept on site, care-in-the-community collaboration with non-VA providers
- Housing subject to availability; if not available, most of the rotation may be available virtually

# **Omaha VA Rotations**

Outpatient Operations (8 weeks): This learning experience shall provide the resident with necessary skills and training to perform basic pharmacist functions and tasks in the outpatient pharmacy. These functions are necessary to effectively assimilate into the VA pharmacy team. The outpatient pharmacy provides pharmacy service to primary care and specialty outpatient clinics. The Outpatient Operations learning experience familiarizes the resident with the operations of the pharmacy for ambulatory patients. It is critical to gain skills in the outpatient pharmacy before going to other ambulatory care rotations. During this experience, the resident needs to demonstrate competency and proficiency in the review of prescriptions for appropriateness. The resident must demonstrate the ability to identify and resolve drug-therapy related problems in the outpatient pharmacy. This rotation gives the resident the background necessary to provide pharmaceutical care to ambulatory patients in other rotations. An understanding of the role of the pharmacist and the technician, as well as the systems and technology used for outpatients is developed.

#### **Service Commitment:**

In order for residents to gain understanding and confidence in pharmacy operations, each resident is responsible for staffing services in both the inpatient and outpatient pharmacies. The service commitment is as follows:

- 1 Saturday morning per month in the outpatient pharmacy (8am-12pm)
- 1 Tuesday afternoon per month in the outpatient pharmacy (12:30pm-4:30pm)
- 2 evening shifts per month in inpatient pharmacy (4pm-8pm)

- 1 weekend per month in inpatient pharmacy (8am 4:30pm)
  - o Each resident is expected to work one major holiday and two minor holidays

**Acute Care II:** During this rotation, residents will work closely with the medical ICU team as well as the ICU clinical pharmacist. The resident will serve the team through participation in daily MICU rounds. As part of the MICU team, the resident will review medication profiles and offer recommendations to optimize pharmacotherapy. Effective communication and documentation are necessary to be successful in this rotation.

**Infectious Disease:** This learning experience is designed to give the resident an opportunity to apply knowledge of infectious diseases to care for patients. This includes active participation with the antimicrobial stewardship program, active participation with the ID team on daily rounds and consults, and attendance at weekly City-wide ID conferences.

**Geriatrics/HBPC:** Residents will work in 2 main areas during the rotation, Geriatrics clinic and Home Based Primary Care. Geriatrics is a multidisciplinary consult clinic that focuses on the evaluation of patients with cognitive concerns or other geriatric syndromes. Residents will conduct patient interviews to perform a through medication reconciliation, evaluate the patient's ability to manage their medication regimen in addition to conducting a thorough medication regimen evaluation with findings presented to the interdisciplinary team. Home Based Primary Care is a unique primary care model where veterans receive primary care services from an interdisciplinary team in the home. Team consists of nurse practitioners, attending physician, nurse case managers, occupational therapists, dietician, social worker, psychologist and clinical pharmacist. Residents will perform medication reviews, monitor chronic disease states and serve as drug information resource for the team.

**Surgery:** The Surgery rotation consists of a 4-week elective experience that is offered during the PGY-1 residency. During the rotation, the resident will work closely with the surgery teams (general surgery, colorectal, vascular, orthopedic, and urology, among others) as well as the surgery clinical pharmacist. The resident will serve the teams through participation in daily surgery rounds and being present to answer any questions that arise throughout the day. As part of the surgery team, the resident will review inpatient profiles for those veterans admitted to the hospital under the care of the surgery teams, formulate appropriate pharmacotherapy care plans, and offer pharmacologic recommendations to optimize drug therapy. The resident will also provide medication counseling to the patients admitted on the surgery services.

# **Lincoln VA Rotations**

### Pharmacy Operations: (4 weeks)

The purpose of this rotation is for the resident to develop advanced skills in outpatient medication distribution management. This will include providing patient care by counseling, preparing medications for dispensing, DUR, drug therapy dose checking and recommendations, resolving outpatient pharmacy-related patient concerns, and managing and ensuring optimal and timely customer service. The resident will also assist with the preparation and checking of IV injections and infusions. The resident will spend four weeks immersed in outpatient pharmacy operations, then will continue into a staffing longitudinal rotation where the resident will continue to improve upon these skills.

- Opportunities:
  - Counsel on new prescriptions and educate patients daily on processes of the VA
  - Process electronic prescriptions—inpatient, outpatient, CBOC orders
  - Verify/Edit electronic prescriptions, prepare and dispense prescriptions (including those for traveling vets),
    medication package tracking through USPS
  - Prepare outpatient IV's for infusion clinic
  - Other dispensing functions, including: patient care notes in the EMR, supervision of technicians, maintenance of pharmacy records and inventory, answering pharmacy telephone calls, etc
  - Formulary management
  - Experience with ScriptPro

#### **Pharmacy Staffing/Service Commitment**

After the initial four week orientation to service rotation, this rotation continues longitudinally as "service commitment". Residents work in the outpatient dispensing pharmacy and outpatient infusion at the Lincoln Campus. The service commitment hours are every other Wednesday 4:30 to 6:30pm and two Fridays per month, 8 to 4:30. The Lincoln Campus is not open on weekends.

# **Outpatient Mental Health:**

This rotation occurs within a pharmacy MTM clinic embedded in the mental health clinic. This experience is designed to offer exposure to outpatient mental health, not mastery. Residents will work with clinical pharmacists in mental health as well

as psychiatrists, nurses, therapists, social work, and substance abuse counselors as well as other professionals in the mental health clinic. The primary focus of this clinic is to perform metabolic monitoring on patients taking atypical antipsychotic medications. This clinic also provides MTM services for blood pressure, diabetes, cholesterol, and tobacco cessation for patients actively participating in mental health services. The clinic is currently expanding to aid patients in medication tapers/titrations (including but not limited to benzodiazepines and prazosin) as well as naloxone education and ordering. Residents will establish therapeutic plans, adjust medication therapy, enter electronic progress notes, and order labs and follow-up visits. During the clinic visit, the resident will take a complete medication history that includes medication reconciliation, side effects, indications, review of previous medical records and questions about non-VA care. Residents will coordinate patient care across specialties and refer to primary care or to appropriate specialties (nutrition, social work, homeless clinic, endocrine, substance abuse) as indicated.

The MTM MH clinic is not available on Tuesdays, therefore resident will be required to complete a project specific to mental health – prepare a presentation or handout for provider or patient education. The resident will also participate in mental health panel management and will review SQL reports evaluating patients who may need to be enrolled in MTM clinic for metabolic monitoring, naloxone education/ordering, and/or treatment for alcohol use disorder. The resident will also complete question econsults for providers and will complete all restricted and non-formulary medication requests submitted by mental health prescribers. Two days can be spent with clinical pharmacy specialist for inpatient mental health at the Omaha VA. Once a week the resident will attend and participate in the weekly BHIP (Behavioral Health Interdisciplinary Program) team meeting where multiple members of the mental health team discuss referrals and staff difficult patient cases. Depending on resident interest, time may be spent observing group clinics addressing: anger management, chronic pain, and sleep.

# Non-VA Rotations

#### Academia (non-VA) - Omaha, NE: Preceptor TBD

- Work with UNMC or CU faculty of resident's choosing
- Gain experience in clinical and academic precepting, providing student lectures, coordinating hands-on labs, creating syllabi, test questions, etc
- Flexible to the interests of the resident

### Acute Care (non-VA)

- Completed at Mary Lanning in Hastings, NE commutable from Grand Island
- Inpatient experience in operations, infections disease/antimicrobial stewardship and clinical services